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SUBJECT: WEST DARFUR HEALTH SITUATION UPDATE

11. (U) Summary: Following the March 2009 non-governmental organizations (NGO) expulsions, the West Darfur State Ministry of Health (SMoH) and several national and international NGOs took over affected clinic facilities and continue to provide care. The SMoH has worked considerably to preserve coverage, although facilities have not yet achieved ministry standards for care. The U.N. World Health Organization (WHO) remains concerned about lack of services available to populations in rebel-held areas, where the SMoH lacks access. End summary.

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HEALTH CARE COVERAGE IN WEST DARFUR  
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12. (U) In a February 2 meeting with staff from USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA), WHO West Darfur staff reported on the status of health coverage in West Darfur and potential future health concerns. WHO reported that the March 2009 international NGO expulsions and national organization dissolutions affected three major West Darfur health partners, Mdcins Sans Frontiers/France, Save the Children/U.S. and the Sudanese NGO Sudan Social Development Organization (SUDO).

13. (U) Since March 2009, the SMoH has committed substantial resources to responding to the health needs of communities previously served by the expelled NGOs, according to WHO West Darfur. The SMoH, with WHO support, and remaining medical NGOs have continued services to all of the 18 affected clinics except one, whose population receives services through a nearby, larger clinic. NGOs currently operate some expelled organizations' clinics, and the SMoH has taken over most of the other facilities. Several health facilities are now being jointly operated by the SMoH and NGO partners. The SMoH and NGOs have assumed responsibility for hospital facilities, with WHO drug provision; hospital facilities in Mornei and Zalingei towns are operating normally.

14. (U) WHO noted no concern with services provided though the international NGOs operating in West Darfur-Norwegian Church Aid and Concern-or the Sudanese Red Crescent. International NGO-managed clinics report adequate medical staff and resources. NGO-run clinics are currently operating in Habila, Foro Baranga, Zalingei, and Nertiti localities. Most national NGOs, however, face considerable challenges, including financial and human resource limitations, limiting the organizations' ability to provide consistent services.

15. (U) In SMoH-managed clinics, services often do not meet ministry standards for primary health care centers (PHCs), particularly in the range of services available, due to the lack of trained medical professionals and occasional drug shortages. While Sudanese standards mandate the presence of a medical doctor and two medical assistants for each clinic, many PHCs are currently operating with only one medical assistant. The SMoH faces considerable difficulty

identifying medical doctors willing to work in rural area PHCs, despite Khartoum's assurance to USAID staff that Sudanese doctors are available to cover Darfur's medical needs. International NGOs have fewer difficulties hiring medical doctors due to higher incentives available to seconded staff. WHO West Darfur staff expressed hope that the SMoH will continue to strive to achieve service standards for rural communities.

¶6. (U) West Darfur WHO staff commended SMoH support for communicable disease surveillance, including through the provision of communications equipment to report cases and trends.

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REMAINING HUMANITARIAN NEED  
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¶7. (U) In the rebel-held area of Kutum in Nertiti locality, where the SMoH cannot provide services, WHO has arranged with local authorities to support salaries for medical staff working in the PHC, but noted that the clinic requires additional financial support to remain viable.

¶8. (U) In a February 2 meeting with USAID staff, WHO noted concerns related to access to rebel-held areas, particularly in Jebel Marra and Jebel Moon. Neither SMoH nor WHO staff can access the area to provide vaccinations or regular health care. In addition, populations crossing the border from Chad have recently brought whooping cough and measles into Sudan. Sudanese refugees and

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Chadians living in Chad often receive fewer vaccinations against these diseases than West Darfur residents, according to WHO. WHO/Sudan plans to work with WHO/Chad to try to raise immunization rates and decrease the risk of communicable disease spread.

¶9. (U) WHO staff highlighted recent discussions regarding forming a health academy to train medical staff from West Darfur, which could improve the SMoH's capacity to hire qualified staff for remote locations.

¶10. (U) Comment: While West Darfur authorities and national NGOs have replaced some health services in almost all clinic locations that operated prior to the March 2009 NGO expulsions, much work remains to be done to raise the quality and expand the spectrum of services to meet Ministry of Health standards. WHO has actively supported efforts to maintain health supplies and secondary medical care, but improving human resources capacity will require additional SMoH attention and government budgetary commitment to service provision. End comment.  
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